



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

3009 Mail Service Center • Raleigh, North Carolina 27699-3009

Advocacy and Customer Service

Tel 919-715-3197 • Fax 919-733-4962

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

November 28, 2005

MEMORANDUM

TO: LME Directors
CFAC Chairs

FROM: Chris Phillips, Chief of Advocacy and Customer Service

SUBJECT: Consumer/Family Involvement in Monitoring Activities

We have received numerous questions about the role of consumers and family members and Consumer and Family Advisory Committee (CFAC) members in monitoring activities. The Local Management Entity (LME) responsibility for oversight and improvement of the local service system includes many quality management (QM) activities. Many LMEs have discovered that the unique perspective and active participation of consumers and family members in these activities can be immensely beneficial. However, it is very important that such participation is structured correctly to maximize the benefits.

The LME is charged with directing all QM activities in the local service system, such as on-site monitoring of providers and collection of data on consumer experiences. LMEs are encouraged to enlist consumers and family members in certain QM functions, but in so doing should set the conditions for their involvement and supervise their work as they would any other QM staff. As they are acting on behalf of the LME, the LME should ensure that consumers and family members receive the same training, demonstrate the same competencies and abide by the same agreements as other QM staff. In short, the same standards of practice should be applied and adhered to by all persons engaged in actual monitoring and data collection activities.

CFACs act as policy advisory groups to LME management and governing bodies. CFAC involvement in QM activities should include reviewing and making recommendations on the LME's system of quality management and its components, including the various processes of monitoring services in the catchment area, the evaluation of data at the aggregate level and the identification of opportunities for improvement. **Considering the amount of work and attention that this broader policy role entails, it would be impractical and inappropriate for CFACs, as a group, to be used for actual on-site monitoring. This is not meant to exclude any individual CFAC members from participating in monitoring activities but rather to emphasize that CFAC members participating in these activities are doing so as individual consumers and family members and not as CFAC representatives.**

In all QM functions, the importance of maintaining the confidentiality of consumers receiving services cannot be overemphasized. This is a particularly sensitive issue when other consumers and family members are involved in the process. Consumers should be notified as part of the LME's and provider's standard privacy notification process if their individual information is likely to be accessed by other consumers or family



members working on behalf of the LME in a QM monitoring role. CFACs, as a group, should not be given access to information from QM activities that identifies individual consumers.

I hope this communication is helpful in answering questions related to the role of both CFACs and consumers and family members in monitoring activities. Should you have further questions, please contact dmh.advocacy@ncmail.net.

cc: Secretary Carmen Hooker Odom
Allen Dobson, MD
Executive Leadership Team
Management Leadership Team
State Facility Directors
Kory Goldsmith
Carol Duncan Clayton
Patrice Roesler
MH Commission Chair
Coalition 2001 Chair
SCFAC Chair

